§ 46.5

in the State(s) in which the practitioner is licensed. It is intended that the report be filed within 15 days of the date the action is made final, that is, subsequent to any internal appeal.

Subpart C—National Practitioner Data Bank Inquiries

§ 46.5 National Practitioner Data Bank inquiries.

VA will request information from the National Practitioner Data Bank, in accordance with the regulations published at 45 CFR part 60, subpart C, as applicable, concerning a physician, dentist, or other licensed health care practitioner as follows:

- (a) At the time a physician, dentist, or other health care practitioner applies for a position at VA Central Office, any of its regional offices, or on the medical staff, or for clinical privileges at a VA hospital or a hospital or other health care entity operated under the auspice of VA:
- (b) No less often than every 2 years concerning any physician, dentist, or other health care practitioner who is on the medical staff or who has clinical privileges at a VA hospital or hospital or other health care entity operated under the auspice of VA; and
- (c) At other times pursuant to VA policy and needs and consistent with the Act and Department of Health and Human Services Regulations (45 CFR part 60).

Subpart D—Miscellaneous

§ 46.6 Medical quality assurance records confidentiality.

Note that medical quality assurance records that are confidential and privileged under the provisions of 38 U.S.C. 5705 may not be used as evidence for reporting individuals to the National Practitioner Data Bank.

(Authority: 38 U.S.C. 5705)

PART 47—POLICY REGARDING RE-PORTING HEALTH CARE PROFES-SIONALS TO STATE LICENSING BOARDS

Sec.

47.1 Definitions

47.2 Reporting to State Licensing Boards.

AUTHORITY: Pub. L. 99-166, 99 Stat. 941; 38 U.S.C. 501.

SOURCE: 58 FR 48455, Sept. 16, 1993, unless otherwise noted.

47.1 Definitions.

- (a) Dentist means a doctor of dental surgery or dental medicine legally authorized to practice dental surgery or medical dentistry by a State (or any individual who, without authority, holds himself or herself out to be so authorized).
- (b) Other health care professional means an individual other than a physician or dentist who is licensed or otherwise authorized by a State to provide health care services (or any individual who, without authority, holds himself or herself out to be so licensed or authorized).
- (c) *Physician* means a doctor of medicine or osteopathy legally authorized to practice medicine or surgery by a State (or any individual who, without authority, holds himself or herself out to be so authorized).
- (d) State means the fifty States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, the Northern Mariana Islands and any other territories or possessions of the United States.
- (e) State Licensing Board means, with respect to a physician, dentist or other health care practitioner in a State, the agency of the State which is primarily responsible for the licensing of the physician, dentist or practitioner to provide health care services.
- (f) Generally accepted standards of clinical practice means reasonable competence in the clinical aspects of one's responsibilities, as well as the moral

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and ethical behavior necessary to carry out those responsibilities.

- (g) Separated licensed health care professional means a licensed health care professional who is no longer on VA rolls, regardless of whether the individual left voluntarily or involuntarily and regardless of the reason why the individual left.
- (h) Currently employed licensed health care professional means a licensed health care professional who is on VA rolls.
- (i) On VA rolls means on VA rolls, regardless of the status of the professional, such as full-time, part-time, contract service, fee-basis, or without compensation.

(Authority: 38 U.S.C. 501, 7401–7405; Section 204(b) of Pub. L. 99–166, 99 Stat. 952–953; Pub. L. 99–660, 100 Stat. 3743)

[58 FR 48455, Sept. 16, 1993, as amended at 63 FR 23665, Apr. 30, 1998]

§ 47.2 Reporting to State Licensing Boards.

It is the policy of VA to report to State Licensing Boards any currently employed licensed health care professional or separated licensed health care professional whose clinical practice during VA employment so significantly failed to meet generally accepted standards of clinical practice as to raise reasonable concern for the safety of patients. The following are examples of actions that meet the criteria for reporting:

- (a) Significant deficiencies in clinical practice such as lack of diagnostic or treatment capability; errors in transcribing, administering or documenting medication; inability to perform clinical procedures considered basic to the performance of one's occupation; performing procedures not included in one's clinical privileges in other than emergency situations;
 - (b) Patient neglect or abandonment;
- (c) Mental health impairment sufficient to cause the individual to behave inappropriately in the patient care environment;
- (d) Physical health impairment sufficient to cause the individual to provide unsafe patient care;
- (e) Substance abuse when it affects the individual's ability to perform ap-

propriately as a health care provider or in the patient care environment;

- (f) Falsification of credentials:
- (g) Falsification of medical records or prescriptions:
 - (h) Theft of drugs;
 - (i) Inappropriate dispensing of drugs;
- (j) Unethical behavior or moral turpitude;
- (k) Mental, physical, sexual, or verbal abuse of a patient (examples of patient abuse include intentional omission of care, willful violation of a patient's privacy, willful physical injury, intimidation, harassment, or ridicule); and
 - (1) Violation of research ethics.

(Authority: 38 U.S.C. 501; 7401-7405; Section 204(b) of Pub. L. 99-166, 99 Stat. 952-953; Pub. L. 99-660, 100 Stat. 3743)

[63 FR 23665, Apr. 30, 1998]

PART 51—PER DIEM FOR NURSING HOME CARE OF VETERANS IN STATE HOMES

Subpart A—General

Sec.

51.1 Purpose.

51.2 Definitions.

Subpart B—Obtaining Per Diem for Nursing Home Care in State Homes

- 51.10 Per diem based on recognition and certification.
- 51.20 Application for recognition based on certification.
- 51.30 Recognition and certification.
- 51.31 Automatic recognition.

Subpart C—Per Diem Payments

- 51.40 Monthly payment.
- 51.50 Eligible veterans.

Subpart D—Standards

- 51.60 Standards applicable for payment of per diem.
- 51.70 Resident rights.
- 51.80 Admission, transfer and discharge rights.
- 51.90 Resident behavior and facility practices.
- 51.100 Quality of life.
- 51.110 Resident assessment.
- 51.120 Quality of care.
- 51.130 Nursing services.
- 51.140 Dietary services.
- 51.150 Physician services.
- 51.160 Specialized rehabilitative services.